



# Iowa Department of Human Services

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**State of Iowa**  
**Iowa Family Planning Network (IFPN)**  
**Section 1115 Quarterly Report**  
**Demonstration Year 7, Quarter (July 1, 2013 through September 30, 2013)**

## Introduction

Iowa received approval for the 1115 Family Planning Demonstration waiver from the Centers for Medicare and Medicaid Services (CMS) on January 10, 2006. Iowa implemented the family planning waiver, entitled Iowa Family Planning Network (IFPN) on February 1, 2006, to cover limited family planning and family planning-related services for women who are not otherwise enrolled in Medicaid (other than IowaCare), Children Health Insurance Program (CHIP), entitled Health and Well Kids in Iowa (*hawk-i*), or other health insurance coverage and: (1) have countable income at or below 200% of the Federal Poverty level (FPL), or (2) have lost Medicaid pregnancy coverage at the conclusion of the 60-day postpartum period

The General Assembly in 2010 Iowa Acts, H.F.2526, directed the Department of Human Services (DHS) to renew and expand the IFPN waiver eligibility to: cover men, increase the age limit to 54, increase the income limit to 300% FPL and to cover individuals that are uninsured or have health insurance coverage that does not include coverage for benefits provided under IFPN.

Iowa received approval from CMS to renew and expand the IFPN waiver on December 15, 2011, and the expansion changes were implemented effective December 29, 2011.

DHS contracted with the University of Iowa Public Policy Center (PPC) to evaluate the cost and benefits of the IFPN waiver. PPC findings showed that the first 6 years of the IFPN waiver were a success. IFPN increased the number of women receiving family planning services within the Medicaid program. Over 65,000 women have accessed family planning services through IFPN since the implementation of the demonstration. The repeat birth rates for women accessing IFPN services have dropped for most age groups with large decreases among teens. Reductions in Medicaid cost for deliveries and birth and first year of life are over \$50 million. Net Medicaid savings are estimated at over \$10 million due to services provided under the IFPN.

## Executive Summary

1. **Description of Demonstration population:** Iowa provides limited Medicaid coverage for family services and planning-related services through the Iowa Family Planning Network (IFPN):
  1. to men and women of reproductive age, who are not otherwise enrolled in Medicaid (other than the IowaCare 1115 waiver program), or Children Health Insurance Program (CHIP), called Health and Well Kids in Iowa (*hawk-i*), or are uninsured, or have health insurance that does not provide family planning services,

- and have countable income at or below 300% of the federal poverty level (FPL); or
2. to women who are eligible due to the conclusion of their 60-day postpartum period under a full Medicaid coverage group.

## 2. **Goals of Demonstration**

The IFPN waiver has the following goals:

- Improve the access to and use of Medicaid family planning services by women who have received Medicaid pregnancy-related services.
- Improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population.
- Decrease the number of Medicaid paid deliveries, which will result in a reduction of annual expenditures for prenatal, delivery newborn and infant care.
- Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid.
- Reduce teenage pregnancy by reducing the number of repeat teenage births.
- Estimate the overall savings in Medicaid spending attributable to providing family planning services to women for two years postpartum.

## 3. **Program highlights:**

There were minor changes in the benefit package in this quarter from the prior quarter. The IFPN Family Planning Waiver only allows a set of certain services identified by procedure codes, diagnosis codes, and surgical procedure codes. Both the procedure code and the diagnosis code on a claim must be allowable for the claim to pay. Nine (9) diagnosis codes and two (2) procedure codes were added for payment. The codes are as follows:

- 795.10 –abnormal glandular papanicolaou smear of the vagina
- 795.11- papanicolaou smear of the vagina with atypical squamous cells of undetermined significance
- 795.12 - papanicolaou smear of the vagina with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion
- 795.13 - papanicolaou smear of the vagina with squamous cells with low grade squamous intraepithelial lesion
- 795.14 - papanicolaou smear of the vagina with squamous cells with high grade squamous intraepithelial lesion
- 795.15 – Vaginal high risk human papillomavirus
- 795.16 - papanicolaou smear of the vagina with cytologic evidence of malignancy
- 795.18 – Unsatisfactory vaginal cytology smear
- 795.19 – Other abnormal papanicolaou smear of the vagina and vaginal HPV

and CPT:

- 57511 – cryocautery; initial or repeat
- 57522 – loop electrode excision

4. **Provider Participation:** In the third quarter of 2013 Medicaid had providers participating in the IFPN program as follows:

- Hospital: 64
- Physician (MD/DO): 222
- Pharmacy: 533
- Independent Labs: 29
- Rural Health Clinic: 0
- Family Planning Clinic: 14
- Nurse Practitioner: 30
- Certified Nurse Anesthetist (CRNA): 5
- Certified Nurse Midwife: 5
- Ambulatory Surgical Centers: 2
- Local Education Agency: 1
- Screening Center: 1

### **Program Outreach Awareness and Notification**

No additional specific program outreach awareness and notification activities occurred this quarter. The statewide Provider Education initiative continued in July and August.

### **Policy Issues and Challenges**

Iowa DHS has requested a renewal of the 1115 Demonstration waiver for the Iowa Family Planning Network to be implemented after the current waiver end date of December 31, 2013. Please see the **Transition Plan** section on page 5.

## **Iowa's Section 1115 Family Planning Demonstration Quarterly Report**

### **I. Quarterly Enrollment Reporting**

Demonstration Year 8 2013	Quarter 3 7/1/2013 - 9/30/2013			
	Population 1 SOBRA PW	Population 2 Other Women	Population 3 Men	Total Population
# of Newly Enrolled	3,308	4,906	204	8,406
# of Total Enrollees	11,156	22,180	768	33,852
# of Participants	2,007	13,313	219	15,287
# of Member Months	27,286	59,308	1,928	88,522

Note

Individuals may transition between Population 1 and Population 2 throughout the quarter. These individuals would be reflected in both the population 1 and population 2 columns. However, the total population column is an unduplicated count. As a result the total population figure may be less than the sum of the three population totals.

## **Services and Providers**

See the attached spreadsheet of diagnostic codes and procedural codes.

### **Trends Observed with Service Utilization, Calendar Year 2013 Quarter 3 (July-September 2013)**

Service Utilization can be thought of both in terms of what diagnostic codes have been used and what procedure codes have been used during the waiver extension. The following data is for the 3<sup>rd</sup> quarter of Calendar Year 2013 – Months July through September 2013.

#### **DIAGNOSTIC CODES**

The table “Diagnostic Codes 3<sup>rd</sup> Quarter 2013” shows by month total number of diagnostic codes that have been used for each of the last 3 months. The table shows a steady decrease from July to September from 5,732 to 3,626 to 1,475. The average total number of procedure codes for each of the 3 months is 3,611 with an average variability of 59% and a 31% reduction to the average of the previous quarter.

There were 20 different codes used in during the 3<sup>rd</sup> Quarter of 2013. The most frequently used codes; V25.41 averaged 1,591 times per months and Code V25.49 averaged 762 times per month. These two codes accounted for 65% of the total reporting and the top 3 codes accounted for 75% of the total reporting.

#### **PROCEDURE CODES**

The table “Procedure Code 3<sup>rd</sup> QTR 2013” shows the total number of procedure codes that have been used for each of the last 3 months. As the table shows, over the last 3 months there a total of 114 distinct codes reported while not all codes were used each month (April=102, May=78, June=65). As shown in the table “Procedure Code 3<sup>rd</sup> QTR 2013”, the most frequently used procedure code was S4993. This code was used a total of 7,384 times during the quarter for an average of 2,461 times per month compared to an average of 2,601 times per month in the previous analysis. The top 3 codes (S4993, 96372, 87591) represented 40.0% of the reported codes. The total reported codes for the quarter were 28,898, an average of 9,633 per month.

The pattern of usage for procedure codes in the first quarter of 2013 follows the pattern of usage shown in the CY2013Q2 report.

In summary, the pattern of usage established during calendar year 2011 and CY2012 Q2 for both diagnostic procedure codes was continued during the second quarter of 2013.

## **Program Evaluation, Transition Plan and Monitoring**

### **Program Evaluation**

The Evaluation Report for 2012 was submitted in June 2013, per the agreed upon extension filing date.

### **Transition Plan**

The Iowa Department of Human Services has requested a renewal of the IFPN 1115 Demonstration waiver to begin effective January 1, 2013. This request was necessary due to two changes in eligibility requirements:

1. A legislative change to allow members to have other health insurance coverage with coverage for family planning services.
2. A change to allow youth covered by the Iowa Children's Health Insurance Program (CHIP) to be concurrently eligible for IFPN.

### **Program Monitoring**

The Quality Control review of IFPN cases actions in 2012 has ended. Cases continue to be reviewed for accuracy and correct application of policy by reviewers from the Iowa Department of Public Health. In 2013, IDPH staff reviewed 83 individual case files from eight family planning agencies. Overall, the case records contained the required components. The files were organized, complete and consistent, making it easy for the IDPH auditor to find the required elements. The reviews found very few procedural errors, and none that impacted the eligibility decisions.

### **Feedback and grievances made by beneficiaries**

No grievances to report this quarter.

## **II. Quarterly Financial Reporting**

Demonstration Year 8 2013	Quarter 3 7/1/2013 - 9/30/2013			
	Service Expenditures as Reported on the CMS-64	Administrative Expenditures as Reported on the CMS-64	Total Expenditures as Reported on the CMS-64	Expenditures as requested on the CMS-37
Quarter 1 Expenditures	\$ 1,882,330	\$ 107,358	\$ 1,989,688	\$ 2,030,897
Quarter 2 Expenditures	\$ 2,370,928	\$ 104,144	\$ 2,475,072	\$ 2,680,695
Quarter 3 Expenditures	\$ 2,215,614	\$ 109,098	\$ 2,324,712	\$ 2,302,708
Quarter 4 Expenditures				
Total Annual Expenditures	\$ 6,468,872	\$ 320,600	\$ 6,789,472	\$ 7,014,300

### Notes

Expenditures requested on the CMS-37 report are based on aggregate Medicaid spending trends and are not reported separately by waiver. In total, expenditures requested on the CMS-37 report for the quarter-ending 9/30/2013 were 0.95% less than actual expenditures. This same percentage is assumed for purposes of this report. Although actual expenditures exceeded budgeted expenditures, a supplemental grant award was not requested because the prior quarter balance was sufficient to cover expenses.

Quarters 1 - 3 expenditures include both Demonstration Year 7 and Demonstration Year 8 service dates.

### **Activities for next quarter**

#### **Training:**

The Department provided webinar training for agency staff on October 16, 2014. The training provided a refresher on policy and procedures.

#### **Provider Manual and Employees' Manual:**

No revisions were required in the Family Planning Provider Manual and the DHS Employees' Manual during third quarter of 2013. There will be revisions effective January 1, 2014, due to the change to allow eligibility concurrently with having other health insurance that covers family planning or having CHIP coverage.

#### **IFPN System:**

A waiver of Section 1902(e)(14)(A) of the Social Security Act has been submitted to allow Iowa to continue using non-MAGI eligibility determinations until June 30, 2014. This delay will allow the programming for Iowa Family Planning eligibility to be completed in the new eligibility system.